COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Drive and positioning method and system for automated switch matrix

Drive and posi	noming method and sy	stern for automated s	witch matrix
2006 and v	hereto. s United States Patent A vas amended on s PCT International App	Application Number 10/5 (if applicable).	•
I hereby state that I have specification, including the	e reviewed and understane claims, as amended	and the contents of the aby any amendment refe	above-identified rred to above.
l acknowledge the duty t patentability as defined i	o disclose to the Office n Title 37, Code of Fede	all information known to eral Regulations, § 1.56	me to be material to
I hereby claim foreign prior 365 of any foreign app (PCT) application(s) des listed below and have als certificate or any PCT int other than the United Sta filing date before that of the	olication(s) for patent or ignating at least one couson identified below any factorial (PCT) applicates of America filed by the application(s) of whi	inventor's certificate or untry other than the Uniforeign application(s) for ation(s) designating at lame on the same subject ch priority is claimed:	of any international ted States of America r patent or inventor's east one country t matter having a
PRIOR FOREIGN/PCT APPLICA	ATION(S) AND ANY PRIORITY (CLAIMS UNDER 35 U.S.C. §§11	9(a)-(d), 172 or 365:
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
Sweden	0400095-6	19 January 2004	⊠Yes
			Yes No

I hereby appoint the attorneys and agents associated with Customer Number 26288 to prosecute said application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

c/o ALBIHNS AB Linnégatan 2 BOX 5581 SE-114 85 Stockholm SWEDEN

Address all telephone calls to ALBIHNS AB at +46(0)8 5988 7200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE INVENTOR	Sture Roos (Deceased)
Ciam at	
Signature	
Date	
Residence (City, State, Country)	Mongagua, Brazil
Citizenship	Swedish
Mailing Address	R. 15 de Novembro 92
	Vila Atlantica
	Mongagua SP 117300, Brazil
City, State, ZIP, Country	Mongagua, Brazil
FULL NAME OF LEGAL REPRESENTATIVE	Johan Öberg
08/2/7 Signat	ure
Da	ate 08/1/17
Residence (City, State, Country)	Stockholm//Sweden /
Citizenship	Swedish / /
Mailing Address	Nihlmark & Zacharoff Advokatbyrå AB
E *	Box 7701
	S-103 95 Stockholm, Sweden
City, State, ZIP, Country	Stockholm, Sweden